

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>E.H.</i>		<i>10-22-01</i>
O.I.P.E. CLASSIFIER		<i>43</i>	<i>11/21/01</i>
FORMALITY REVIEW	<i>P.B.</i>	<i>1137</i>	<i>11/23/01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
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43	✓	✓	
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46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
52	✓	✓	
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97	✓	✓	
98	✓	✓	
99	✓	✓	
100	✓	✓	

Claim	Final	Original	Date
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112			
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

4545  
11/23/01